



Dear Friends,

Can the tragic recovered memory fad be coming to an end? This month, for the very first time, we saw a reference to the recovered memory movement in the past tense. (See Newsletter p. 8) Although we don't think we are ready to use the past tense, it is interesting that the memory wars are beginning to be perceived as something over and done with. Unfortunately, for most FMS families the tragedy is not over; they are still bogged down with the detritus from the confrontations, accusations, withdrawal of the accusers, and maybe their return. We believe, however, that the evidence is strong that the recovered-memory craze is rapidly waning.

People who enter therapy now, for example, are less likely than they were eight years ago to enter an environment in which they will develop beliefs about past abuse by satanic ritual cults. In part, that is because in November, Bennett Braun, M.D., the psychiatrist who is credited by his peers with organizing the first professional conferences at which SRA beliefs were spread, has surrendered his license for two years. (See this month's Legal Corner.) In a plea agreement, Braun also agreed to a 5-year probation should he decide to return to practice. In addition, the agreement states that Braun must show any future employer the original complaint against him. Braun has been sued by 11 former patients and no longer holds his position at Rush Presbyterian Hospital in Chicago. He was not on the program of this year's International Society for the Study of Dissociation conference—the group he was key in forming.

In another license action, an amendment to the May, 1999 discipline action of the Minnesota Board of Psychology against Renee Fredrickson ordered that in the future, Fredrickson "shall practice psychology only under the supervision of a licensed psychologist."

Braun and Fredrickson were key figures in the spread of the beliefs that have so harmed families. As we have written in the past, all aspects of the recovered-memory movement are not likely to disappear, but its practices should become increasingly marginal as lawsuits and license actions sweep it into disrepute.

The significance of these license actions to families and to the end of the recovered-memory movement will be a focus of the FMS Foundation conference "Memory and Reality: Return to Reason" to be held in April in Westchester, New York. (See p. 17 for preliminary information.) This 4th Memory and Reality Conference will feature professionals who have been in the forefront of stopping the spread of false memories. Families who are waiting for or dealing with the experience of reunification will also play an important role in the conference.

Evidence of a different sort from lawsuits and license actions also anticipates the demise of the recovered-memory movement. An increasing number of journalists are drawing parallels between recovering memories of sexual abuse and recovering any other memories. They are moving beyond seeing the recovered-memory debate as one limited to memories of sexual abuse to one that is about the "processes" by which any memories are recovered and to skepticism about beliefs developed in suggestive therapy settings. This can be seen in journalistic comments about the withdrawal of the Holocaust memoir by Benjamin Wilkomirski.⁽³⁾

Benjamin Wilkomirski's memoir about his childhood in Nazi concentrations camps has been withdrawn by the publisher because copious legal documents prove that Mr. Wilkomirski was not Jewish and that he could not have spent the war years in concentration camps. The book had been translated into 12 languages and Wilkomirski had received awards and adulation from the literary and Holocaust communities. (See this issue page 3.)

In one of the most bizarre stories in the whole recovered memory saga, a major "proof" for Wilkomirski's claims had

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been another "child survivor," a Laura Grabowski, who declared she remembered him from Auschwitz. In a strange twist, it turns out that Lauren Grabowski is none other than Lauren Stratford (aka Laurel Willson) who wrote the book *Satan's Underground* in 1988, a memoir about her experiences as a child victim of satanic abuse. That book was one of several that helped fuel the satanic panic. It, too, was later exposed as fraudulent and withdrawn by the publisher.^[1]

One writer commented that the Wilkomirski-Stratford incident showed us "that there are some very weird people out there." While that may be true, these incidents do give us reason to consider two important questions. First, does it really matter that the stories were false? Yes, it does. For Holocaust survivors or sexual abuse survivors, such hoaxes and false claims attack their credibility. They diminish the experience and pain of genuine victims. And they may cause serious harm. *Satan's Underground*, for example, turns out to have been a major source of information for a California therapist named Maas who then helped at least 50 patients recover memories of satanic ritual abuse.^[2] Two of them sued their 76-year-old mother in 1990 in what is likely the first SRA trial of the current panic. (Bennett Braun was an expert for the prosecution.)

The second question is equally troubling because of what it asks about the rest of us: What does it say about the gullibility of publishers, literary critics and the rest of us? How could so many people have been fooled by Wilkomirski's story? And by so many other recovered memory stories? For this writer it is a demonstration that people may suspend critical judgment if a story fits into the prevailing cultural wind, if it is what they want and expect to hear. In a "victim oriented" culture, readers' self-definitions are in the stories.

In a period of only eight years, however, we have moved from a culture in which any recovered memory accusation or story was considered true—something that made some sense in the context of belief in the videotape theory of memory—to a culture in which reason is rapidly returning and people once again look for corroboration of claims. We should feel proud of the role that we have played in this change. Education about what science has shown of the constructive nature of memory has given sight to the blind belief in the veracity of all abuse stories and accusations. Whatever the role of the Foundation in this change, it

special thanks

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has only been possible because of you and your ongoing financial support. Thank you for your past support and for the support you have given in the current pledge drive.

We look forward to seeing you in April.

Happy New Year! Happy New Millennium!

Pamela

1. Victor, J. (1993) *Satanic Panic: The Creation of a Contemporary Legend*. Chicago: Open Court; Pasentino et al (1990) *Cornerstone* 18(90) "Satan's Sideshow."

2. Alexander, D. (Sept/Oct 1991) *The Humanist*, "Still Giving the Devil More Than His Due."

3. Bloom, P., 9/30/98, *The Independent*, UK. "Later, the publisher supplied more information about the genesis of these traumatic recollections. Only psychotherapy had been able to unlock his memories of life in the land of the dead....It also could be another blow for the already widely discredited therapeutic method of "retrieved memory," which has led to countless allegations of childhood sexual abuse, many of which have later been demonstrated to have no basis in fact."

Langley, W. & Fielding, N., 10/1/98, *Mail on Sunday*. "The victim who never was; His book about how he suffered in Hitler's concentration camps has been a worldwide best-seller. But now it seems Benjamin Wilkomirski never left neutral Switzerland. Is his story the ultimate case of false memory syndrome?... Wilkomirski's admitted use of Recovered Memory Therapy should, perhaps, have set alarm bells ringing."

Kahn, J., 10/20/98, *The Boston Globe*. "Others point to Wilkomirski's work in "recovered memory" therapy - a process called into question in many high-profile cases involving child abuse charges - as one more reason to be cautious about the author's motives."



"The other matter of importance is Wilkomirski's claim that his childhood memories surfaced in his mind as a result of psychotherapy. This would bolster the idea that forgotten memories of childhood trauma can pop into a person's head and fishing for them has therapeutic as well as evidentiary value.... True believers in the recovered memory syndrome have suffered many setbacks in the past few years. When *Fragments* first appeared, it was hailed by beleaguered supporters of the movement. Last year, Michele Landsberg wrote in the *Toronto Star* that "Wilkomirski's book is a rare testimony of the way children struggle to make sense of horror—and to validate their fragmented memories in the face of adult denial and silencing." Media fashions change, of course. By now most people see that whatever the scientific validity of recovered memory, its uncritical and premature introduction into the criminal justice system has been wrong. It demonstrably resulted in innocent people being falsely accused and convicted. Mental flashbacks elicited under therapy, unsupported by other evidence, cannot possibly amount to proof beyond a reasonable doubt. When the recovered memory syndrome first came into vogue, the media jumped on the bandwagon and contributed to the hysterical atmosphere of a modern witch hunt. It was decidedly not the fourth (or fifth) estate's finest hour."

George Jonas, 10/3/98, *The Calgary Herald*

Wilkomirski Book Withdrawn^[1]

FMSF Staff

Fragments, a memoir by Benjamin Wilkomirski about his experience as a Latvian Jewish orphan who spent his early years in a Nazi camp, has been withdrawn by the publisher. In September, Schocken Books withdrew hard cover books from bookstores and in October they suspended publication of paperbacks, citing evidence that the account was no more than a vivid fantasy. Mr. Wilkomirski's American editor said that the evidence "was sufficiently conclusive to require immediate action."

For several years, Wilkomirski received awards and literary acclaim for this Holocaust book. Doubts about its authenticity, however, surfaced a year ago and climaxed in devastating articles in both *The New Yorker*^[2] and *Granta*.^[3] Documents were found proving that Wilkomirski had spent the war years in Switzerland.

Wilkomirski's memories developed in a therapeutic process with his close friend, who happened to be a therapist. The author of the *New Yorker* article interviewed that friend and wrote that, "the story he told me of their friendship was the story of how, through a lengthy collaborative process of trial and error, he had helped Bruno Dossekker to become Benjamin Wilkomirski." (p. 59) The friend stated:

"Therapy...provided the secure environment he was seeking, in which to "find words" for the memories that terrified him, and to sort out the jumble of "preverbal" images in his mind— "to see a subject clear, and to see whether I have a memory, or two, three memories overlapping, and to separate what doesn't belong together."

Credibility was given to Wilkomirski's story when it was confirmed by a Laura Grabowski, who claimed she had known Wilkomirski at Auschwitz.

But in an interesting twist, it appears that Laura Grabowski was quite confused. Apparently her real name is Lauren Stratford and she is the author of *Satan's Underground*, a book in which she describes being forced to be a "baby breeder" in a Satanic cult.^[4] An expose of Grabowski appeared in *Cornerstone* magazine in November. Lauren Stratford was born in Tacoma, Washington, and has spent her entire life in the United States.

1. *New York Times*, 11/3/99, "Publisher Drops Holocaust Book."

2. Gourevitch, P., 6/14/99, *The New Yorker*, "The Memory Thief," pp. 48-68.

3. Lappin, P. 6/99, *Granta*, "The Man with Two Heads."

4. Summers, S. 10/25/99, *Daily Mail*, "Hoaxer of the Holocaust."

5. Pasantino, et al. 11/99, *Cornerstone*, "From Satanic Ritual Abuse to Jewish Holocaust Survivor."

(See FMSF Newsletter Nov, 1998, Dec 1998.)



The *Cornerstone* article is available at www.cornerstonemag.com

It can also be ordered from the FMS Foundation as article #738 for \$3.00. (Checks only please)

Yes Indeed!

"But if his publishers had had the sense to wonder how a three-year-old child could possibly have remembered so many places, names, events and conversations, the whole freakish episode might have been avoided."

Adam Sweeting, November 4, 1999, *The Guardian*

Excerpts about Wilkomirski from *The New Yorker*.

"To question Wilkomirski's identity was to reprise one of his book's dominant themes: the plight of a victim who finds that his memories are doubted and dismissed. In fact, when Wilkomirski renounces 'the ordering logic of grown-ups,' he is not only telling his readers, 'You must believe me,' he is also issuing a warning: 'To disbelieve me is to participate in my further victimization.'" p. 52

"The one thing that Wilkomirski said repeatedly which I believe unequivocally is that he wrote his memories for himself, and he doesn't ultimately care what anybody else says, because nobody can take those memories away from him. But after more than six months of studying the mischief that has followed from Wilkomirski's fantasies and obfuscation, I am more fearful for and depressed by the culture that received him as an apostle of memory than I am for the man himself, whoever he thinks he is. Several times, during our conversations, he told me that he was sure the papers in his official dossier represented a real boy called Bruno Grosjean, and so I asked him what might have become of that Bruno. Wilkomirski wasn't sure, but suddenly he said that long ago, in his childhood, he had met this missing boy. In the beginning, he sounded uncertain about this, his voice slow and faltering, as if he were encountering a new memory unexpectedly. Then he grew excited, and everything became clear: he first encountered the Grosjean boy in the Swiss orphanage where, Wilkomirski believed, they were switched, and he said they met again much later, when they were both in high school. At first, they avoided each other, and then they began to talk. Wilkomirski said, 'He started to tell me how wonderful he has it with his foster parents, that he's so lucky, and that they wanted to emigrate.' The words rushed out of him now, chunks of dialogue coming back intact. His eyes were aimed off somewhere. He was inside the memory. I interrupted him there to ask whether his lost doppelganger was still called Bruno. 'Yes, but, the boy had a new name, too—Hugo, or Wolf, or something like that,' Wilkomirski said, and he told me that he thinks the missing Grosjean may be living in America." p. 68

Philip Gourevitch, "The Memory Thief," *The New Yorker*, June 14, 1999 pp. 48-68

Sound Familiar?

FMSF Staff

"Why would [Wilkomirski] claim to have endured such cruel privations, outlining them in especially gruesome detail?"

David Belcher, November 6, 1999,
The Herald, UK

That question is the same one with which so many FMS families have been challenged. German psychologist Walther Schmieder suggested that some people receive satisfaction from the adulation of others as a result of playing an heroic role.

"So it seems with this man. He put himself in the hellholes of the concentration camps and was able to write, 'Look—I survived! I'm special!'"^[1]

Sue Summers, producer of a BBC documentary about Wilkomirski, said:

"One can view him as the ultimate expression of modern victim culture. An obscure Swiss boy abandoned by his mother could expect only limited sympathy in the great scheme of things. But a little child left alone to face the full onslaught of Nazi evil? The whole world's heart would bleed—and it did."^[2]

1. Quoted in Hall, A., 11/04/99, *New York Post*, "Holocaust Hoaxer?"

2. Summers, S., 10/25/99, *Daily Mail*, UK.

Second Meeting of Parents in France

As told to FMSF Staff

Slowly, very slowly, an action is taking shape in France. In December 1996 when we were first accused, we felt very much alone until we met the Dutch "Werkgroep" chairman in person and the American FMSF on the internet. The phenomenon of recovered memory was practically unknown in France or was known only as an American aberration.

That is no longer the case. We don't feel alone anymore.

In 1997, the FMSF helped us contact two other accused families. Then

the French ADFI^[1] to which isolated cases had been reported as early as 1996 gave us contact with a fourth case. We had our first meeting in March 1998. In 1999, three more cases were reported to ADFI Paris and there are indications that there may be more cases in other regions of France.

These seven families were present or represented at a meeting convened by ADFI at their office in Paris on October 14, 1999. Although there had been telephone contacts before, it was the first time that the three "newcomers" had physically met fellow sufferers. Our cases are diverse in timing and situations. Sometimes all links with the accusing daughter are not yet cut. The therapist may be known or not. Sometimes there are connections with sects or alternative therapies. A curious observation: most accusations took place around December!

The ADFI Paris Chairman summarized the present situation: •There may be about 20 other cases in Brittany connected to a semi-sectarian local association. Little is known of the situation in other regions. •The UNADFI^[2] president has been contacted by other accused parents who wish to remain anonymous. •Several psychiatrists and government officials are aware of the FMS problem but not yet ready to expose it openly. •Groups for the protection of children are also aware of the problem, but do not consider the accusations to be false. •Alternative therapists, like sects before them, often have the financial and legal means to fight back in court the "slanders" of associations like ADFI. •Incest accusations are epidemic in the field of divorces in order to deny fathers their rights.

The following lines of action have been decided: •UNADFI will ask local ADFI groups to identify FMS cases in their respective regions in order to collect and centralize nationwide information. •UNADFI will continue to inform the public on dubious psychotherapies.

•UNADFI will try to identify professional psychiatric and legal support. •The accused families will continue to support each other and help new cases when identified. They will also collect information when possible. •The next meeting will be held at ADFI Paris on Thursday 13 January 2000.

There we are, at the beginning, like you some years ago. Your help and presence are very dear to us in these moments of hope and uncertainty.

1. Association for the Defense of Families and Individuals. Local associations in several regions of France. This group was formed in 1975 to help families whose members had been attracted into sectarian groups.

2. UNADFI is National Union of local ADFIs. Well-known to American Associations such as American Family Foundation struggling against cults.

NOTICE

Six issues of Newsletter in 2000

Starting in January 1999, the FMSF Newsletter will be published bimonthly. We feel that we can keep our readers current with this new schedule. We will augment these bimonthly newsletter issues with regular news bulletins posted on the FMSF web site. This decision is a recognition that the "crisis" aspect of the FMS phenomenon has peaked and the fact that the most up-to-date news is now available on the internet.

The decision is also in recognition of the fact that the newsletter price has remained the same since November 1994 when it increased from \$20 per year to \$30 per year at the same time its size increased from 12 to 20 pages. We have maintained the Newsletter price over a period when costs of publication have risen dramatically. For example, during the past 6 years, paper costs rose from approximately \$8. per ream to \$12. per ream. First class postage rose from 29 cents to 33 cents. And the government's c.p.i rates indicated an approximate rise of 3% each year.

U.K to Legitimize Exorcism Therapy

Jonathan Petre

National Post, September 27, 1999

"Promoting Mental Health: The Role of Faith Communities," a report citing U.S. research suggesting a strong link between religious belief and well-being, was prepared for the Health Education Authority. According to newspaper reports, the British government plans to accept the report and recognize exorcism of demons as therapy for mental illness. While the report warns that "An emphasis on demons and demon possession can be very damaging to people who are vulnerable and there is an important distinction to be drawn between evil and mental ill-health." Nonetheless, it goes on to say: "At the same time, some hold that a deliverance ministry is an important part of their belief in prayer and some people have found exorcism and similar approaches helpful." The report urges doctors to be sensitive to people's religious beliefs and if their patients report seeing visions, hearing voices or speaking in tongues, they should not automatically be diagnosed as mentally ill.

The report is part of a government campaign to reduce the stigma that often accompanies mental illness.



Relations among childhood memory, a history of abuse, dissociation, and repression

Timothy P. Melchert

Journal of Interpersonal Violence

Nov 1999, pp. 1172-1192

This study investigated several questions about the relationships between a history of child abuse, recovered abuse memories, childhood memory in general, repression, and dissociation. In a sample of 560 undergraduate students, one quarter reported a history of child abuse and 18% of these reported that they had a period when they lacked memories of their abuse.

Quality of childhood memory was found to be unrelated to a history of abuse. Most participants, regardless of their abuse history, reported recovering memories from their childhood. Repressive personality traits were found to be unrelated to recovering abuse memories. Dissociative traits were found to be weakly associated with recovering abuse memories.

Nevertheless, a reported history of child abuse or of more severe abuse was not significantly associated with reported quality of childhood memory. This is the third controlled study which has resulted in this finding (see also Melchert, 1996; Melchert & Parker, 1997).

The majority of study participants, regardless of their abuse history, also reported recovering memories from their childhood in general. The hypothesis that these memories would be disproportionately negative because a significant number of them had originally been repressed or dissociated was not supported, however.

[I]t would suggest that repressed or dissociated childhood memories are at most only rarely recovered by undergraduate students, despite the substantial amount of child abuse and recovered childhood memories that they report.



Continuing Education Watch

*Evidence that the recovered memory
problem is not over yet.*

On December 4, 1999 at a meeting of the New England Society for the Study of Dissociation to be held at McLean Hospital in Belmont, MA, Marian Kaplun Shapiro, Ed.D., a licensed psychologist will present "Working with Child Alters in the DID System: Why? Why Not? How?"

Shapiro, who is the author of *Second Childhood: Hypno-play therapy in age-regressed adults*, will talk about how to decide when it is safe and productive to work with child parts,

and she will describe and teach her play therapy methods in details.

(Professionals who are skeptical of the overdiagnosis of MPD suggest that talking to alters (adult or child alters) simply encourages MPD-type behavior.)

*Evidence that professional
organizations can take positions on
topics to be taught in
continuing education programs.*

Notice from the American Psychological Association we were pleased to receive:

November 5, 1999 - "The Continuing Professional Education Committee (CPEC) passed a motion regarding Thought Field Therapy:

"CPEC has determined that, at this point, Thought Field Therapy as a topic for Continuing Education for psychologists does not meet the current criteria for appropriate curriculum content."

The CPEC notes that starting immediately, the topic of Thought Field Therapy "should not be included in programs that are offered to psychologists for continuing education credit under the auspices of groups approved as sponsors that grant APA credit."



FUNDRAISING

The Fundraising campaign is now underway. Donations are the major source of funding for the foundation. While dramatic changes have taken place since the Foundation opened its doors in 1992, the Foundation's work is not done. Lee Arning and Charles Caviness, cochairs of the Foundation's annual drive, ask that you return the pledge card with your tax deductible gift today. Your gift is important. Please be as generous as you can.

THERAPY'S DELUSIONS, The Myth of the Unconscious and the Exploitation of Today's Walking Worried. Ethan Watters and Richard Ofshe, Scribner, 1999, 249 pages

Reviewer: Spencer Harris Morfit

"This is the story of the coming of age of the mental health field—written in the midst of its metamorphosis." Ethan Watters and Richard Ofshe

An honest book review has to deal with a book within the context in which it is written. Watters and Ofshe's purpose here is to show that psychoanalytic/psychodynamic theory has a long history of acting like a petri dish that breeds intellectual bacteria with some regularity. Their major intent is to demonstrate how and why erroneous thinking so regularly effloresces from this potentially malignant culture and why you probably wouldn't want it in your refrigerator.

For the FMSF audience, I doubt very much that there is much new content in *Therapy's Delusions*. For this audience, I am more interested in dealing with *how* Watters and Ofshe make their case, with a special interest in bringing out anything that seems particularly useful in the ongoing effort to communicate persuasively to the justice system and the professional audience. This book would also be useful for anyone who is struggling to swim up to the surface from a therapeutic misadventure before they drown.

Watters and Ofshe define their target as psychodynamic therapy early in the game. Unfortunately, the therapeutic community does not agree on consistent definitions for many bedrock concepts such as "repression" and the "unconscious," let alone on the various clinical approaches to these. In their Introduction, the authors specifically say that by "psychodynamic therapy" they mean therapy that has roots in

Freudian theory. They continue, saying that, "This theory, broadly defined, suggests that we are each largely at the mercy of unconscious mental forces outside of our awareness, that we cannot by ourselves name or tame." Furthermore, they say the theory "presumes a social/developmental cause for mental illness, alleging that it often stems from social interactions that took place in the patient's childhood." [Please note the word "cause" rather than something like "influence" or "factor."] To go much further would require another book, for as the authors say (and as I have myself found), "To seek out therapy today is to stick your hand into a grab bag of theories that often utterly contradict each other in their specific assumptions but agree on a more general unproved assertion that the therapist has the knowledge and techniques allowing him or her to see into the most fundamental and hidden motivations of the mind." These conflicting theories, unintegrated, often appear in the person of one self-proclaimed "eclectic" therapist as I have myself witnessed so many, times.

The consequence of such ideas, Ofshe and Watters point out, is that they encourage patients to lose confidence in, and to abrogate authority over their own personal experience and to place their confidence instead in the powers of the therapist. Once they do this, they are especially vulnerable to the suggestion of the therapist. What's more, as the patient falls progressively under the influence of the therapist, the patient's productions can become reinforcing to the therapist's theory and practice, creating an elaborate *folie à deux* or shared delusion, not to mention that the theories are often wrong, or, if not wrong, unproven, and in still more cases terribly muddled. The degree, speed and frequency with which this can happen is, in and of itself, a sign of how seldom psychodynamic theory touches base with anything remotely empirical.

There are places where the authors tend to lump together psychodynamic therapy and all "talk therapy" and to dismiss any usefulness for either. Subsequently, however, they explicitly state that "Cognitive-behavioral approaches, when used in the treatment of mental illness, can be helpful as rehabilitative counseling." What I hear them saying is: 1) Talk therapy may have a rehabilitative role, but not a curative one, and 2) Cognitive-behavioral therapy would be the preferred method. Ofshe and Watters are saying there is a role for *some* forms of "talk therapy," but that role is more appropriately confined to addressing behavioral or life issues than root causes of what they might call "real" mental illnesses. The authors imply that to qualify as a mental "illness" (as opposed to common and usual problems of life) the problem at hand must have a bio-chemical element, and treatment that ignores this bio-chemical factor is unlikely to be productive unless the underlying physiological or neurological issues are addressed. Moreover, the authors point out that any "therapy" that does not address bio-chemical or biogenetic issues makes an illegitimate claim to being a "medical" science. Once again, the danger is that when therapy makes an exaggerated claim to be "medical" or "scientific" it raises unrealistic expectations in a patient and increases his or her vulnerability to suggestion based on false authority. They are also saying that when empirical methods are applied, they have repeatedly disproved psychodynamic theory and that more advances are developing from empirical approaches than psychoanalytic ones. Watters and Ofshe take some time to discuss psychoanalysis's sorry history of completely off-the-wall postulations, such as that asthma and schizophrenia are caused by poor mothering. They also take the trouble to contrast this with the history of recent contributions made in pharma-

cology, MRIs and other advances largely made outside psychiatry.

The authors outline a series of errors in Freud's original thinking—including some that were recognized—or at least questioned—by Freud himself. They acknowledge that some of these ideas were abandoned by a majority of professionals some time ago. Nevertheless, they say, they exemplify a form of circular, speculative, self-reinforcing thinking that has been characteristic ever since. This kind of thinking is the metaphorical petri dish.

The pattern of this thinking goes something like this: First, advance a theory. Advance a theory making selective use of the facts and without consideration of alternative hypotheses. Second, when confronted with information that puts that theory into question, rather than revisiting the theory to refine or discard it, take this as an invitation to elaborate the theory to encompass an explanation of the new material. Third, employ this theory in a context that will be self-reinforcing. This is backwards because, as the authors point out, this is theory looking for justification rather than facts looking for explanations. It's taken nearly a hundred years of this Baroque theorizing for the theoretical framework to implode, but it *is* imploding. *Therapy's Delusions* is a good book, one of the best, but it is certainly not the only book, television documentary, lawsuit or other event to report on this implosion. It is STILL true that a great deal of new theorizing and research utterly ignores the absolute fact that no conclusive statement about memory or a memory can be made if we do not or cannot corroborate the facts first.

What's more, the authors document the fact that recent scholarship calls into question the Founding Father's moral character. There is some compelling evidence (provided by the authors) that Freud himself used his theories to manipulate his patients

to his own ends, sometimes at great harm to his patients. If a theory and practice allow this, that is reason enough to look for alternative forms that do not so easily lend themselves to exploitation. In some of the most outrageous cases that have come before the courts and the public eye recently, it is interesting to note that patients with rich insurance policies were most likely to be diagnosed as MPDs requiring long treatment. A therapy that regards any healthy skepticism about the therapy as "resistance" or as "transference" is a con-man's dream.

The authors do not end with Freud, however. One of the strengths of the book is that they document such convoluted thinking through history. The book is peppered with solipsistic quotes and examples of the false trails down which psychodynamic therapy has led us. For example, they talk about a couple who got into trouble crossing an ice bridge at Niagra Falls and drowned. On the basis of little more than a news item and a brief conversation with a third party who knew the couple, psychoanalyst Ernest Jones (one of the great proselytizers for Freud in America) wrote and published a psychoanalytic trope on this event. Not only is this analysis wildly speculative and colored by the interpretive fads of Jones's day, but, as the authors point out, whatever makes Jones think he can presume to guess what goes on in the psyches of people he has never even met? Nowadays it would be considered unethical for a therapeutic professional to do such a public analysis of any public figure or anyone unknown to them. Nevertheless, as recent events have shown, this has not prevented contemporary therapists from speaking with unearned confidence about the characters of members of a patient's family they have never encountered, or about events in the history of that family the therapist never witnessed.

Are therapists unaware of the

increasing criticism levied against their profession? No, of course not. In fact they are complaining loudly—about managed care, about how non-credentialed critics "don't understand us," about the formation and effectiveness of the FMSF, about the credibility of their retractor patients.

In a chapter called "Therapy's Retreat," Watters and Ofshe deal with the profession's response to increasing skepticism. Many psychodynamic therapists respond to the criticisms with the same self-serving, convoluted thinking that so characterizes therapy. In the consulting room they have always had the convenient interpretation of "transference" or "counter-transference" to explain away any uncomfortable question or criticism levied by the patient. Outside the consulting room they are making odd, false claims to "scientific" justification. Or they are saying that managed care is merely trying to justify cost-cutting. What about the malpractice cases that are being decided against therapists? A therapist trying to dismiss me once said "different domains, different aims," as though the courtroom and the consulting room were two utterly separate worlds with no connection to each other. Or they can always pathologize the critics. One of my psychodynamic critics, a man who has never laid eyes on me or had a conversation with me, made a thinly-veiled remark that "Some people are so afraid of their feelings they cannot tolerate anything that cannot be rationally explained,"—or words to that effect. Watters and Ofshe do a wonderful job of showing how therapists characteristically meet criticism with some irrelevant distraction. One of the most frustrating aspects of this issue is that it is so damned hard to engage some therapists in a productive discussion. Introduce a teapot to the discussion and they will answer with a lawnmower.

The importance of *Therapy's*

Delusions is that it sees the "false memory syndrome" as only the latest outbreak from the petri dish. If we deal with false memories without understanding the source from which such ideas arise, we may bracket some of the most extreme therapies for now, but we will live to battle against some other off-base notion that flares up later. Was it General Curtis LeMay who said, "Let's stop swatting flies and go after the manure pile?"

And after we deal with the manure pile, what is left? Watters and Ofshe suggest a combination of medical advances and cognitive behavioral therapy. Again, they think that medical advances offer the best opportunities for eventual cure or control of symptoms, while cognitive-behavioral therapy may play a rehabilitative role. In this scenario, much more modest claims are made for "therapy."

Therapy's Delusions is a strong companion piece to the authors' book *Making Monsters*. It's a principle of effective communications that "If you want to sell an idea, wrap it up in a person." *Therapy's Delusions* addresses the abstract concepts from which some therapy issues arise. *Making Monsters* is the story of the impact of those ideas on some patients whose lives were taken over by the delusions in question. As my wise friend Tom Comella has often said, "Ideas have consequences and when ideas have consequences the truth matters." Put another way, these ideas may seem bloodless, until we remember that there are people who are still unjustifiably imprisoned and families that have been separated for a dozen years—all because somebody put their trust and belief in some of these ideas. We must all continue to challenge dangerous ideas. Watter and Ofshe are practiced challengers. Take them as your companions.

Spencer Harris Morfit is an author and business woman. She is a member of the FMSF Scientific Advisory Board.

Public Perceptions: Recovered Memory Movement in Past Tense

For the first time the FMSF Staff has seen a reference to the recovered memory movement in the past tense.

"[C]urrent trends (belief in angels) are juxtaposed with defunct ones (belief in repressed memory syndrome and satanic ritual abuse, which Kaminer acknowledges have been widely discredited since the mid-1990's)..."

Review of *Sleeping with Extra-Terrestrials* by Wendy Kaminer
New York Times Book Review, Oct 24, 1999 "I'm Irrational, You're Irrational"

Excerpts from the Kaminer book *Sleeping with Extra-Terrestrials*, New York: Pantheon, 1999.

"The recovered memory movement valorized paranoia. The mere suspicion that your father had raped you provided entree into the community of survivors, where you were likely to be praised for your bravery in confronting your abuse, and cutting yourself off from family members who had conspired in it. The best-selling bible of the movement, first published in 1988, by Ellen Bass and Laura Davis, was predictably named *The Courage to Heal*. The recollection of childhood abuse was considered heroic. Bass and Davis affirm that the "courage and determination of survivors" was, for them, inspirational." (p. 195)

"That children routinely bury their worst memories of abuse, which are recovered years later in therapy, was not an established fact. Indeed, research on memory has thoroughly refuted popular notions of repression. Even common sense (touted by Bass) and a layperson's knowledge of the world might question the belief that traumatic experiences routinely cause amnesia: Holocaust survivors struggle to keep society from forgetting the events they remember too well. Yet, belief in repressed memories became a fundamental article of faith. It implied that the truth was always in hiding." (p. 195-6)

"What fueled hysteria about recovered memories, child abuse, and conspiracies of satanic ritual abusers? The rise of the recovery movement coincided with popular anxiety about day care (and the effect of feminism on child welfare). In part, the hysteria represented cultural resistance to women's liberation and changing gender roles. Yet it was also paradoxically encouraged by the feminist movement, from which recovery experts derived their mistrust of traditional family life and their belief in the routine abuse of women and children, as well as concern about pornography and the number of men "addicted" to it. Some feminists, in turn, borrowed recovery's rhetoric about codependency, addiction, and abuse. The recovery movement contributed to the rise of therapeutic feminism, which tended to demonize men and focused on restoring the self-esteem of presumptively fragile, perennially victimized women." (p. 199)

Middle Ground?

"...the truth about recovered memory may lie at either end of the continuum; nothing requires us to assume that it must constitute a compromise between two sharply divergent views. Analogously, one person may believe that the earth is round, whereas another may believe it is flat, but a "balanced" view of the matter does not compel us to conclude that the earth is therefore oblong..."

Richard J. McNally, Review of Brown et al, *Memory, Trauma Treatment and the Law*. In *The International Journal of Clinical and Experimental Hypnosis*, Vol 47, Oct. 1999 p. 374

Braun Surrenders License in Plea Agreement

Illinois Department of Professional Regulation v. Bennett G. Braun, M.D. 1998-10343-01

Bennett Braun, M.D. has surrendered his license for two years in a plea bargain with the Illinois Department of Professional Regulation. Dr. Braun had been accused in a 9-count complaint of implanting memories of satanic ritual abuse in former patient, Patricia Burgus. [1] The plea agreement includes a 5-year probation should Braun ever decide to return to practice. The agreement also states that the original complaint against him will follow Dr. Braun for the rest of his life in whatever position he may hold. Braun, who was considered a leading expert in MPD treatment, will not be allowed to treat anyone with this disorder during the seven years.

The complaint and the plea agreement can be found on the FMSF web site: www.FMSFonline.org

The trial of the State of Illinois Department of Professional Regulation against Bennett Braun, M.D. had been scheduled to begin in November, 1999. In 1997, Dr. Braun and Rush Presbyterian Hospital settled a lawsuit for \$10.6 million with the Burgus family and there have been a number of other lawsuits brought against him by former patients. Dr. Braun is currently suing the insurance company that represented him in the Burgus case claiming that they did not provide adequate legal support.

Burgus was in treatment at the Chicago hospital from 1986 to 1992 and said that the doctors convinced her that she had memories of being part of a satanic cult and of abusing her own two sons. She said that the doctors used hypnosis and other treatments that caused her to believe she remembered cannibalizing people. Dr. Braun had hamburger from a Burgus family picnic tested to see if evidence of human proteins was found.

Dr. Braun's Influence

"I took the course on Multiple Personality Disorder offered at the annual American Psychiatric Association Meeting in Montreal in May of 1988, taught by Richard Kluft, M.D. and Bennett Braun, M.D. It was an excellent introduction to the field of dissociation."

"I decided to attend the next annual meeting of the International Society for the Study of Multiple Personality and Dissociation in Chicago. There I met many other therapists from all over the United States... who reported similar tales of their patients suffering ritualized torture..." (p. 447).

Robert B. Rockwell, "One Psychiatrist's View of Satanic Ritual Abuse," *The Journal of Psychohistory* Vol. 21 No. 4, pp. 443-460.

Bennett Braun has been a key figure in the multiple personality and satanic ritual abuse belief dispersion. Along with Richard Kluft, Frank Putnam, Roberta Sachs, Jane Dubrow and Richard Greaves, he was a founding member of the International Society for the Study of Multiple Personality and Dissociation (now International Society for the Study of Dissociation) in 1983.[2] Braun was the most active organizer of early conferences on MPD and SRA where many therapists first learned about these notions. He served as an expert witness on behalf of two sisters who accused their 76-year-old mother of abusing them in cult ceremonies. He delivered speeches about satanic cults, referring to them as "a national-international-type organization that's got a structure somewhat similar to the Communist cell structure." [3] And he has written about satanic memories recovered by MPD patients.

Yet warnings about the dangers of these practices came as early as 1991:

"If you guys don't stop [recovering satanic ritual abuse memories from patients], you're going to have big-time lawsuits." Frank Putnam at Braun's ISSD 1991 conference. [3]

"Satanic cults represent a tragic, urban rumor phenomenon that got into a subset of MPD specialists... Despite hundreds of investigations in the United States by local police departments and the Federal Bureau of Investigation, there never has been a single documented case of satanic murder, human sacrifice, or cannibalism."

Frank Putnam, 1991, *Child Abuse and Neglect*, Vol 15

These warnings were not heeded, however, and a testament to Braun's influence was given by Richard Kluft, M.D. when he stated in a 1992 interview:

"Every MPD patient in the country owes a personal debt of gratitude to Buddy [Braun]. He's the first ever to get a unit set up for these people, and all the other units around the country follow the trail he has blazed." [4]

1. See FMSF Newsletters September 1995, November 1997, September 1998, October 1998, December 1998, June 1999, July/August 1999.

2. Greaves, G., "A History of Multiple Personality Disorder" in (Kluft, R. & Rine, C. Eds.) *Clinical Perspectives on MPD*.

3. Hanson, C., June 1998, *Chicago Magazine*, "Dangerous Therapy" pp 77-79, 108-113.

4. Keenan, M., June 22-28, 1995. *New City*, "The Devil and Dr. Braun."

Warning from 1942

"In the exploration of a multiple personality...the investigator must take the utmost precautions to avoid suggesting a role and to refrain from making unwarranted interpretations of mental processes which may be present in a vast number of normal persons."

Philip L. Harriman (1942) "The Experimental Induction of a Multiple Personality" *Psychiatry* Vol. 5 pp. 179-186.

Religious Freedom Appeal Lost by Exorcising Therapist

Olson v Morris, 98-15693 U.S. District Court,
San Francisco, 1994

The Arizona Board of Psychology Examiners revoked the license of clinical psychologist Kenneth J. Olson because he performed an exorcism on an 8-year-old boy who had been referred to him for an evaluation and therapy by a state caseworker. The boy's father believed that the child had been a victim of satanic ritual abuse.

Olson, who was also a Lutheran minister, appealed the loss of his license in federal court claiming that not being allowed to use prayer as therapy was a violation of his freedom of religion.

The court did not address Olson's constitutional rights, but said that he could have made his arguments during the license hearing. Having failed to do that, Judge Barry Silverman noted in his decision that Olson cannot make these arguments for the first time in federal court.

UPDATE OF CASES WE HAVE BEEN FOLLOWING:

U.S.A. v. Peterson - U.S. District Judge Ewing Werlein Jr. decided that the government need not pay the legal fees of five defendants from the former Spring Shadows Glen hospital after a mistrial was declared (2/9/99) in a 5-month federal criminal case against them.

The government had accused 5 former workers at the former Spring Shadows Glen hospital of using "mind control and brainwashing" to keep patients in the hospital in order to collect insurance payments from 1991 to 1993. After the mistrial, the defendants, psychologist Judith Peterson, psychiatrists Richard Seward and Gloria Keraga, therapist Sylvia Davis and hospital administrator Jerry Mueck sued the government to pay their legal fees in the case. They based their \$3 million request on a 1997 law that allows criminal defendants who win in federal court to collect fees if their prosecution is deemed "vexatious, frivolous or in bad faith."

Judge Werlein noted in his order that "the government had a difficult case to prove, and perhaps at the end of a full trial could not have persuaded a jury beyond a reasonable doubt of the guilt of some or even all of the defendants. Nonetheless, far from coming to court empty-handed, the government regularly demonstrated its thorough and detailed good-faith preparation for a prosecution of this magnitude."

Werlein also expressed concern that the allegations of patients regarding murder, rape and cannibalism were not reported by the defendants. "The evidence consistently revealed...that while these defendants in different ways regularly encouraged their patients to divulge tales of such bru-

tal crimes, which thereby perpetuated their insurance-paid 'treatments,' defendants never reported any of these supposed crimes to the police for investigation."

Smith, M., 10/8/99, *Houston Chronicle*, "Judge says government not liable for ex-hospital staffers' legal fees"

Renee Fredrickson License Action - In May, 1999 Renee Fredrickson was disciplined for unprofessional conduct in treating patients for alleged ritual or satanic abuse. In an amendment issued in September, the Minnesota Psychology Board has ordered that in the future, Fredrickson may practice only under the supervision of a licensed psychologist. (This document is available on the FMSF web site.)

Wenatchee - In Wenatchee, Washington, 43 people were charged with sex crimes during 1994 and 1995 as a result of investigations by police chief Bob Perez. Of those, 21 were convicted, 7 pleaded guilty to reduced charges, 4 people were acquitted and 11 had their charges dismissed.

Since then, The Court of Appeals has found 7 people were wrongfully convicted. There are 8 appeals pending. There are 11 people still in prison. One person has been freed pending a hearing on her appeal.

In October, Laura Holt, Jeannie Bendt and Randall Reed entered Alford pleas. All have been released from prison. An Alford plea is one in which the accused maintain their innocence but agree that if a trial were held they could be convicted.

The attorneys for the prisoners are members of the Innocence Project Northwest, a University of Washington-based legal group that has been filing appeals on behalf of those who are still in prison as a result of the Wenatchee investigations. The lawyers do not charge for their services.

During the past year, courts have found that when police chief Perez interviewed children, he used a threatening tone, accused child witnesses of lying when they denied abuse, confronted children with disclosures made by other children, and asked the same questions over and over. These procedures can contaminate children's testimony.

The release of Holt, Bendt and Reed brings to 10 the number of people convicted who have been released from prison before the end of their sentences.

Lenell Nussbaum, attorney for Holt explained that taking the plea will, "result in her being immediately released from prison so she can get on with some semblance of what remains of her life."

Stephen Maher, S., 10/14/99 and 10/28/99, *Wenatchee World*.

Amirault- Cheryl LeFave did not have to return to prison for her conviction in the infamous Fells Acres day care case. In return for her freedom, LeFave agreed not to appear on television to talk about the case and not to profit from her fame for the next 10 years that she is on probation.

In addition, she agreed to drop her 15-year quest to clear her name. As a convicted felon, LeFave cannot visit her brother who remains in jail.

LeFave, her mother, Violet Amirault, and her brother Gerald Amirault had been convicted in 1987. Gerald Amirault, whose trial was separate, remains in prison and now that LeFave is free, efforts will be made to revise Gerald's sentence. LeFave's comments on the decision:

"I've had to give up life. You know, life for what I believe in and what is right and it's such a sacrifice...When you're accused of a crime like this, you have nothing to do but fight. There's nothing else that becomes more important so if there isn't milk in my refrigerator, who cares?...I deserved the not guilty verdict or a new trial so that all parties would be satisfied."

LeFave has paid a high price: •Eight years in prison. •Loss of her mother to stomach cancer. •Loss of her marriage. •Loss of her chance to have children. •And, now, the loss of any chance at vindication, noted J.M. Lawrence in the *Boston Herald* 10/22/99.

"[A] society that will trade a little liberty for a little order will deserve neither and will lose both."

Thomas Jefferson commenting on the need
for a Bill of Rights

Quoted in "Travesty of Justice," (an editorial about the decision to send Cheryl Amirault back to prison), *Massachusetts Lawyers Weekly*, September 13, 1999, p. 28 M.L.W. 2992

U.S. District Court Overturned Million-Dollar Judgment

Martinelli v Bridgeport Roman Catholic Diocesan Corporation
No. 98-7876 U.S. Ct. Appeals 2nd Cir, 1999 U.S. App.
LEXIS 29610

On November 10, 1999, a three-judge panel of the 2nd U.S. Circuit Court of Appeals in New York ordered a new trial in a sex abuse case of Frank Marinelli who claimed that the Diocese of Bridgeport, CT covered up sexual misconduct by the Rev. Laurence Brett because it found that the trial judge erred in two of her instructions to the jury. The reversal hinged on the statute of limitations. The circuit court said U.S. District Judge Janet Bond Arterton erred in failing to instruct the jury that Martinelli had the burden to prove that he repressed memories of having been abused from 1962-64.

Connecticut law, which applied in this case, states that a minor who was molested must take legal action before the age of 35 years old. An exception may be made if "fraudulent concealment" can be shown.^[1]

1. Renner, G., 11/12/99, *Hartford Courant*, "Judgment in sex case involving priest overturned."

How Common are False Accusations?

FMSF Staff

A side-issue of the recovered memory debate has been the frequency of false accusations. Recall that in 1994 Charles Whitfield, M.D. said that "Two percent of the people in the FMS debate are innocent."^[1] and that in 1993 Judith Herman, M.D. claimed "only 10 percent of the FMSF parents could possibly be innocent."^[2]

Over the years there have been various studies examining false accusations, many about children in the context of divorce situations. One carefully done study of adults examined all reports of rape to the police in a small mid-western city over a 10-year period.^[3] Of the total cases, 41% were deemed to be false. The false allegations seemed to serve 3 functions: alibis, revenge and obtaining sympathy and attention.

In June 1996, the Department of Justice issued a report on a study of DNA analysis^[4] resulting in post-conviction exonerations. In a commentary accompanying the report, Barry Scheck described a set of data collected by the FBI showing "that every year since 1989, in about 25 percent of the sexual assault cases referred to the FBI where results could be obtained, the primary suspect has been excluded by forensic DNA testing." While there are many cautions in interpreting the data, these results are remarkable.

According to attorney Scheck, the primary cause for false charges is mistaken eyewitness identification, and because the identification normally comes from a victim, it makes the police and prosecutors tend to "lock in on the wrong person."

If such errors can occur when the crime is not in dispute and when there is physical evidence such as sperm, what, if anything, do these studies have to say in situations in which the only evidence is a recovered memory?

1. Quoted in Waterloo, C., *McKeesport Daily News*, 3/11/94.

2. Quoted in Salter, S., *San Francisco Examiner*, 4/4/93.

3. Kanin, E. (1994) "False Rape Allegations" *Arch. of Sexual Beh.*, 23 (1).

4. Connors, et al. *Case Studies in Use of DNA Evidence*, NIJ Research Report, June 1996.

NO STANDARDS ? Letter Received from State of New York Department of Health, Jan 23, 1995

The Office of Professional Medical conduct has received your complaint regarding the issue of memory retrieval...

I can understand your concern considering the sensitive nature of this subject compounded by the potential for devastation of families. This issue is very controversial. To date, there is no legislation or standards of care in place. It is therefore impossible to prove violations were committed.

A Puzzle

Allen Feld

A therapist (T) is talking with an adult client (C). C describes her childhood relationship with a parent (P).

Assume you are T and never interviewed or even met P. After the session is finished, what do you (T) think you might know with a high degree of certainty about P? What do you think you might know about C with a high degree of certainty? What might your answers tell others about you (T) with a high degree of certainty? My answers to these questions become obvious as you read on.

There is a strong likelihood that you (T) learn more about C, the narrator of the tale, than you do about the parent (P) who was the focus of the story. If you have not met the parent and, particularly, if you have not interviewed the parent, it would be an error to draw any inferences, let alone conclusions, about the person who was not in the room.

Many families and retractors have reported that some clinicians reached outrageous conclusions based solely on conversations with a client. Conclusions can be drawn without corroborating information or direct observation in virtually any clinical situation. (For instance, a spouse meeting with a therapist discusses the other spouse. Any assumptions made about the non-present spouse would be pure speculation.) Seeds for drawing unfounded conclusions are present whenever a client discusses someone or something in therapy and the therapist shifts the focus of the narrative away from the client and towards the person or situation key to the tale. When the interview discussion can foreseeably lead to severe family disruption and/or include alleged criminal acts, however, special concern is required for accuracy. Moreover, professionals are obligated to recognize that accuracy may be further compro-

mised by retelling a story and also by the therapist's involvement in these interactions.

While I feel there is little to learn with certainty about T, C or P, information about P is probably the most unreliable. In fact, it may be that C is telling a great deal more about herself than she is about the persons she discussed. Some hints about a client are unveiled by what she selects to describe, discuss and debate. But a client makes these selections in the context of her interpretation of the therapist's questions, non-verbal encouragement or even prodding. Many therapists rely on these kinds of discussions to draw some initial impressions about a client. At the same time, therapists must not overlook the influence, especially the unintended influence, that they can have on what a client chooses to talk about.

We could also ask what the interview "suggests" about T. If a representative number of video or audio tapes of a therapist doing therapy were available, what kind of conclusions (ignoring evaluative impressions) might we be able to reach? Is there a therapy bias? What beliefs of the therapist are being suggested? Does the therapist attempt to direct the session in a particular direction? Which threads of the client's narrative does the therapist choose to follow? Which seem to be ignored? Does the therapist communicate neutrality? Does the therapist seem to unintentionally convey conclusions? Does the therapist identify and explain the basis for conclusions offered? Are conclusions based on science? Does the therapist avoid trying to lead the client to predetermined conclusions? Many of the answers to this partial list of questions may offer a strong indication of the therapist's belief system, biases, leanings and/or prejudices.

Back to the questions raised in the opening paragraphs. Certainty, obviously, is absent. It's clear that I believe

it is a mistake to conclude that a therapist (or friend) can reliably learn important facts about P when C talks about P. While certainty may not be present, some important information about C may be learned, but this would probably require T to draw subjective conclusions. This subjectivity may be influenced by several variables including, but not limited to, the therapist's skills, knowledge, biases, theoretical orientation and possibly political zeal. Insight into some of these variables can possibly be gleaned from videotapes. It may be that we could learn as much, or even more, about T than C when C talks about P to T.

When these kinds of constructed narratives create memories of abuse, it can be devastating for clients as well as for their families. The client typically becomes more impaired. Families become fragmented. Family histories are recreated and rewritten. It becomes a far greater tragedy, as well as a societal problem, when such narratives make their way into the public arena and the courts, especially when the people involved have never been interviewed. I am greatly puzzled by how such far-reaching effects can result from uncorroborated conclusions drawn about people who have never been met.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.



"For me, true courage comes from the ability to admit that while I was well-intended in what I did many years ago, I now realize that I was wrong. This is not a sign of weakness, or a loss of face, but a mark of maturity."

David J. Spillane, 10/12/99,
The Nation, "Reflections on Oct 14, 6
and Black May"

What Do You Tell Grandchildren?

I would like to pose a question regarding the recanters-returners who have children of their own. When they do return to their accused parent(s), what do they tell their own children after years of separation? Over the years, these children have been led to believe that their grandparent(s) did heinous things to their mother. The grandchildren develop a deeply embedded anger.

Very few returnees can actually say "I've made a terrible mistake. Years have been wasted and my children have grown up without knowing you." They just come back (gratefully received) and ease into old routines and visits. But, what are the grandchildren thinking?

If you have had some experience in this situation, I would appreciate your comments.

Another Mom

Contact between Grandchildren

We have been extremely thankful for the many letters and articles detailing familial experiences. Our situation seems to be unique, judging from the absence of any comments from readers.

Our daughter, sister of the accuser, refuses to establish contact between her 17-year-old daughter and the 17-year-old daughter of the accuser. She fears "contamination" of the close relationship with the accused grandfather. We wish to see the cousins once again enjoying a connection. Our close daughter has been telling her children about a "problem" in her sister's early life that has separated her from the rest of the family.

There have been few articles or letters dealing with grandchildren and how their absence or loss impacts on

the entire family. We hope that Newsletter readers may have some helpful comments.

A Mom

Could You Accept a Returner?

I cannot show my appreciation enough to the FMSF staff for the help I have received over these years that my daughter was "lost" to me and especially as my daughter started to return.

A few months before this was to happen, out of the blue my other daughter called and asked me if I could accept my FMS daughter back as just a returner. I said I had not allowed myself to think about that because I was not sure I would ever see her again. (In hindsight, I wish I had put the same question to her. It would be good, I think, for siblings to give thought to this too.)

My daughter had been lost to me for about 8 years with all the accusations that go along with this. She declared her hatred for me in every way, totally cut off her father (we are divorced), and divorced her husband. She had two young daughters who will pay dearly for the rest of their lives for the actual damage done to them. The accusations, obviously, tore up the family.

After my non-accusing daughter's phone call, I could not get her question out of my mind. Being a woman of faith, I depended on what God might also show me. As surely as I could have ever imagined, the story of the prodigal son appeared in my mind like a huge sign. This father ran to meet his son, gave him a robe and a ring, and had the servants prepare a feast for him. Most important, he never asked his son what he had been doing all that time, what he had done with his money or what kind of relationships he had had. After I thought of this story, I felt like our children have been there, too.

I argued with God that I didn't think I could do it. But after more days

of thought, I accepted that perhaps I could do it if I had the opportunity and if I had support. I would try to take my daughter back as a returner if that was the only way she could do it.

And that is the way it happened. The FMSF staff supported me through it. While I still hope the day may come when my daughter has the courage to say "I'm sorry, I was wrong," if it never happens, I have found a way to enjoy loving my daughter again. Most important, she is in my life.

Unfortunately, her sister will have nothing to do with her and a brother who tries to remain neutral. We still have a way to go. And perhaps my daughter has a lot of personal healing to do.

I want to encourage families who are still dealing with this sadness to please not give up hope. I wish you all the very best and may God be with you.

A Single Mom.

In the Event

My husband died recently after a prolonged illness. Several years ago, he wrote a letter to our accusing daughter saying that if he died before she realized the truth of our situation and if she wanted to ask his forgiveness, he wanted her to know all is forgiven and that he still loves her as he always has. While I am now in contact with my daughter, she still has a long way to go. If and when the time comes that it seems appropriate, I will give my daughter the letter of forgiveness from her dad.

A Mom

FREE

"Recovered Memories: Are They Reliable?"

Call or write the FMS Foundation
for pamphlets.

Be sure to include your address and
the number of pamphlets you need.

My Sister and FMS

Perspective of A Mental Health Professional

I grew up in a suburb of Washington D.C. My father was a civil servant, my mother was a housewife. I had one sister, who is one year younger than me. My mother had periods of depression when I was growing up, so I ended up spending a lot of time with my father—he was my primary caregiver. We had a great relationship. He was brilliant and talented, with a great sense of humor. On weekends he took us to old movies, museums, and exotic restaurants. I remember that he was very “proper”, and didn’t like to talk about sex—probably because of his generation (he was born in 1923). My dad was diagnosed with leukemia when I was 12, which was at first devastating, but the disease was well controlled, and eventually we adjusted.

Both of my parents had psychoanalysis in the 60’s and therapy was very much accepted in our household. From a young age, I wanted to be a therapist myself. I was also aware of serious mental illness, as my mother’s mother was schizophrenic and died in a state hospital when I was 6.

My sister was always a difficult person, prone to rages and moodiness. We had frequent fights growing up, but were reasonably close. She was hospitalized for a serious depression in college, but was able to return to school. My parents devoted a lot of attention to helping her over the years, especially my dad.

After I finished college, I got a job working in a residential program for the seriously mentally ill, and planned to attend graduate school in social work. Working in the mental health community, I began to be aware of “repressed memory” therapy and the influence of John Bradshaw. Because I worked with more serious mental illness, such theories didn’t have much impact on my work.

In early 1990, I got “The Call” from my sister (now in her senior year of college)—she had “remembered” in therapy (with a clinical psychology student) that my father had raped her at a young age. She ordered me to read *The Courage to Heal* and to talk to my own therapist. She had a note of triumph in her voice as she rattled off my assignments. She talked about hypnosis and body memories.

I’m sure you can imagine my reaction. As a mental health professional, I felt I had to believe her, but as a daughter, how could I? She told my mom the same weekend. It is interesting to note that my father was in California having an experimental leukemia treatment. My mom and I had several conversations that weekend, trying to support each other. My mother dutifully bought *The Courage to Heal*. When my father returned, my mother told him what had happened, even though she had been ordered not to by my sister. He was mortified that we had even considered such a thing to be possible. I still remember how incredibly relieved I was after that phone call.

Over the next 2 years, I heard very little from my sister. She summoned my parents to her college for a confrontation in her therapist’s office, with her therapist helpfully suggesting that my father needed some kind of perpetrator treatment. My dad stuck to his guns, assured my sister that he loved her very much, and hoped she would eventually see that the memories were false. My sister moved to San Francisco after college. She remained heavily dependent on my parents for money, which she saw as her right due to the abuse. She drifted in and out of jobs and shared apartments. We had occasional strained phone conversations.

Meanwhile, I started an MSW program. I met a disturbingly large number of classmates who were “recovering” memories. Sometimes students brought up their sexual abuse in class,

and even used it in presentations. This left me with a distinct feeling of nervousness about my colleagues. How could they treat clients objectively? I felt in some ways grateful that my own family experience had opened my eyes to the problem—otherwise it might not have occurred to me to question the memory movement.

In late 1991, when I was halfway through my final year of school and interning on a psychiatric unit, my sister had a psychotic episode. She began calling me and my parents at strange hours, rambling about conspiracies and fears. After a few days, my parents decided to fly to San Francisco to see her. That same day she threatened to kill her landlord, and he called the police. By the time my parents arrived, she had been committed to San Francisco General Hospital, placed in restraints, and given an injection of anti-psychotic medication.

The amazing thing was that she ceased all allegations against my father at that point. They embraced in the visitors’ room at the hospital. My father wept with happiness.

My sister did not recover well from her episode. She has continued to need medication and has not been able to work or live alone. She has had many hospitalizations. My parents brought her home from California and my father became her caregiver. She continued to hold on to the idea that someone had abused her, although she admitted it was not my father.

In 1994 my father’s leukemia worsened and spread to his lymph nodes. He became physically weak and in pain, and although he remained determined to continue treatment, we all knew he was dying. My sister began skipping doses of her medication and withdrew into a world of psychosis. At his funeral in December, she wandered on the fringes of the group, laughing with her hallucinations.

I have become convinced that the original accusations were a sign of the

more florid delusions to come. I also believe that having a reason to hate my father made his illness easier for her to deal with.

My sister has been living in group home for the seriously mentally ill for the past few years. We maintain a decent relationship. I do not believe in cutting off family members.

My experience has given me a deep appreciation for research and I try to keep up with the therapy practices shown by actual research to be the most helpful in restoring functioning. I primarily use Solution-Focused therapy, which is a strength-based approach. Solution-Focused therapists believe that the concepts of "resistance" and "denial" are unhelpful. It also allows the client (NOT the therapist) to define the problem, and tends to stay in the "Here and Now" as much as possible. One of the primary sayings of SFT is "If it ain't broke, don't fix it."

I have seen many damaged women admitted to my unit, clutching teddy bears, their arms sprinkled with the scars of self-mutilation. Most of these patients (especially those with an MPD diagnosis) tend to come equipped with an over-involved therapist, who spends an inappropriate amount of time hanging around the hospital, making sure we are caring for their "special patient" appropriately. I tend to call this type of therapist the "psychiatric voyeur" because they seem more interested in eliciting interesting stories from the patient than in the patient actually improving.

I hope than I can do some small amount of good for these patients and have a positive influence on my peers as well. While my experience has been painful, I have learned powerful lessons about the risks of therapy and the importance of the concept: "First, do no harm."

An MSW and a sister



We Do Not Feel the Same

Our daughter, age 48, has rejoined our family after many years. She has never recanted or said she was sorry. In fact, she said that she never will. We accept her as she is but the situation is like the following verse.

True friendship is like china - costly, rich and rare.

Once it's broken, can be mended

Can be mended but the crack is always there.

Our relationship, I feel, is a little strained. We do not feel the same about her, but her children are wonderful!



No Relief

While it is encouraging to hear that a few of the people who have been implanting false memories are being held responsible for their actions, there still doesn't appear to be much relief for falsely accused families or healing for the accusing children.

A Mom



It's Still Happening

It has been over a year since our daughter wrote "the letter" that changed our lives forever. She said she would never see us again. She stated we couldn't have contact with our grandchildren until they were 18. This has destroyed our family. I thank God that we have two other devoted children and 6 other grandchildren. But we miss the ones we can't see so very much.

Our daughter has called and spoken to me, but when I mention seeing the grandchildren, she hurriedly hangs up. There is no joy; holidays, birthdays and graduations become heartaches. I try to be upbeat for the rest of the family. But for how long? How to parents cope with this agony?

A Mom and Dad.



How Can Someone Believe in False Memories? "These people were broken-down and defenseless. We might get up and leave, but we're not desperate to get well. It is like what a chemotherapy patient is willing to put up with, because they want to get well. They believe the doctors that this is the way."

Napoleon? "If you treated a patient who thought he was Napoleon, would you write down in great detail all his battle plans and how he made his uniforms and where he stored the horses, and would you fill up dozens and dozens of pages of what Napoleon planned to do with his men?"

It's Evil! "What these therapists tell people is that they have no free will, that something that might have happened 30 years ago is controlling their lives today. They destroy families, and that is not just junk science, it's evil."

Christopher Barden (lawyer) quoted in Ann Zimmerman, *Dallas Observer* October 14-20, "Cult of Madness"

A Confrontation

"Dr. Stanley told me what to say, and I regurgitated it. She had me write out the information, a list of all the memories and how I expected them to support me. I was shaking and crying while I was reading it. One of my sisters started yelling that it wasn't true. My other siblings told me that someone was putting this in my head. My parents were in shock. They had no idea what I was talking about."

[My therapist prepared me for my family's response.] "She said they would either accept it or they would be in denial. There was no third option—that it might not be true."

Martha Hurt (retractor) quoted in Ann Zimmerman, *Dallas Observer* October 14-20, "Cult of Madness"

You Are Forgiven Before You Even Ask

*A poem written by the friend of a family
who lost their daughter to memories.*

Daughter

Arising slowly - ever so slowly
From the ashes of your accusations;
The fires of your supposed "repressed
memories,"

The fires you lit that burned
your father
your mother
your brothers

The hypnotic trances that wove their ten-
tacles about the fabric of your soul,

Binding you together with other sick
women in a web of unreality,

But now you are emerging from the
grave you dug with these accusations

You are being resurrected - Hallelujah!
Like Lazarus, the cloths that bound your
body are being stripped off

And you are emerging ever so slowly -
As you reach out to contact tentatively

Your father,
Your mother,
Your family,
Old friends

You wonder whether any of them could
ever forgive

Don't you know, Butterfly,

That you are forgiven even before you
ask?



A Thank You to FMSF Families

My husband and I, unfortunately, have a daughter who developed false memories. When we first learned of her memories about a year and a half ago, we were devastated and didn't know where to turn. Then I remembered reading somewhere about false memories and started searching for information. The search led to the FMS Foundation and to other parents who have been so helpful to us.

As we shared our heartbreak with family and friends, we were surprised to learn that some of these people already knew about FMS and understood what had happened to our daughter. With our family and friends who didn't know about FMS, we were able to share videos, articles and books

about FMS with them. All of the work done over the years by other families and the Foundation made a tremendous difference to us. It is because of your faithfulness in working to spread the news about false memory syndrome that the road has been made a little easier for us than it must have been for many of you.

Our daughter has now met with us two times in the last three months. It was the wisdom of other parents that helped us know how to handle those meetings in the best possible way to maximize the possibility of reconciliation.

My husband and I want to thank all of you for paving the road for us and for your commitment to seeing the end to this travesty and to the reconciliation of all families.

A thankful Mom and Dad.



What to give your child for Christmas.

In our efforts to keep contact with our accusing daughter, last Christmas we sent her a card with an assurance of our undiminished love. Since she lives in poverty, we enclosed a check. Three months later we were notified that she donated our Christmas present to an obscure organization called "Multicultural Women against Rape." Since she obviously does not want cash from us, this Christmas we will make a charitable donation in her name to the Canadian Cancer Foundation, a charity which we think she will approve but which has nothing to do with sex abuse or false memory issues.

Correction

Ross Cheit, Ph.D., J.D., assures readers that he intended no slur when he described August Piper, M.D. as an "operative" of the FMS Foundation. The editor takes responsibility for this interpretation.

M A K E

A

D I F F E R E N C E

Special Opportunity for Ontario Families to Make a Difference

The Regulated Health Professions Act (RHPS) provides a common groundwork for regulation of those who work in Ontario's 23 regulated health professions, including psychiatrists and other doctors of medicine, psychologists, and massage therapists. It does not regulate social workers.

Recently, the Minister of Health asked the Health Professions Regulatory Advisory Council (HPRAC) for its review of this Act and for its recommendations. Specifically, the Council is asked to assess whether the RHPA generated a regulatory system that is effective, efficient, flexible and fair. Most important, the members of the public are being asked for their input. Hence, many of us have a golden opportunity to be heard and to make a difference.

The Act's effectiveness will be evaluated by determining the extent to which three of its key objectives have been met: protecting the public from harm, providing high quality care and making health professionals accountable for their actions. Flexibility will be evaluated by determining whether the regulatory system has been able to respond to emerging issues in a timely manner. I believe that the readers of this newsletter have a lot to say about the failure of the regulatory bodies (Colleges) to meet the above objectives.

Anyone interested in making a submission should call HPRAC at 1-416-326-1550 and ask for a brochure "Weighing the Balance—a Review of the RHPA. It is an excellent overview of the Ontario regulatory system and it explains very clearly how to make a submission. They will send it to you free of charge. But please act without delay. Deadline is December 19.

DUE NOVEMBER 1999

Recovered Memories of Child Sexual Abuse: Psychological, Social and Legal Perspectives on a Contemporary Mental Health Controversy

Editor: Sheila Taub, J.D.
Publisher: Charles C. Thomas
Hardback \$44.95
Paperback \$31.95
ISBN 0398070059

This book contains articles based on talks presented at a conference in the fall of 1997. Authors are: Sheila Taub, Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S.

Of particular interest to FMSF members may be chapters on the "History of the FMS Foundation" and on the FMS legal history, "Rise and Fall of a Social Problem."

Web Sites of Interest

www.StopBadTherapy.com

Contains phone numbers of professional regulatory boards in all 50 states

www.forensicptsd.com

This site is run by Gerald Rosen, University of Washington

www.afma.asn.au

Australian False Memory Association.

www.bfms.org.uk

British False Memory Society

www.geocities.com/retractors

This site is run by Laura Pasley (retractor)

www.geocities.com/~therapyletters/index.htm

This site is run by Deb David (retractor)

www.chordate.com/therapys_delusions/index.html

Website about book *Therapy's Delusions*.

DON'T MISS THIS

Featured article about
Rutherford Family
in

Guideposts January, 2000

To request a copy of the January 2000 issue of *Guideposts* - - -
Send a check for \$1.20 to
Customer Service, *Guideposts*,
39 Seminary Hill Road,
Carmel NY 10512.

The customer service department would prefer to handle requests via mail rather than over the phone.

Tom Rutherford: "I am very pleased with the article. I believe the Lord had helped during every mile of the journey. *Guideposts* mentioned that they have never had an article like this one in their publication."

Notice

The Illinois FMS Society is expanding and has become the Illinois/Wisconsin FMS Society.

For further information you may check the Society's new web site:

www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

<http://www.FMSFonline.org>
is the address of the website that FMSF is developing. All past newsletters are now available here.

Expect major changes in late January.

ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

TWO CONFERENCES

Programs and Registration Material in January/February newsletter

False Memory Syndrome: Current Perspective

Sponsored by New York Medical College

Friday April 7, 1999

Westchester Country Club

Westchester, New York

Memory and Reality: Return to Reason

Sponsored by the FMS Foundation

Saturday April 8 and Sunday morning April 9

Crown Plaza Hotel

White Plains, New York

PLAN TO REGISTER EARLY FOR BOTH CONFERENCES

A special conference room rate of \$110. plus tax (Single or Double) per night at the Crown Plaza will be in effect **only until 4 weeks before conference.**

To make your reservation call 1-800-PLAINA2 or 914-682-0050.

An exciting program will include: Elizabeth Loftus, Ph.D., Paul McHugh, M.D.; David Halperin, M.D.; Pamela Freyd, Ph.D. and many others to be announced in January

CONTACTS & MEETINGS - UNITED STATES

ALASKA

Kathleen (907) 337-7821

ARIZONA

Barbara (602) 924-0975;
(602) 854-0404 (fax)

ARKANSAS

Little Rock

Al & Lela (870) 363-4368

CALIFORNIA

Sacramento

Joanne & Gerald (916) 933-3655

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or
Charles (415) 984-6626(am);
(415) 435-9618(pm)

East Bay Area

Judy (925) 376-8221

South Bay Area

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

Covina Area - 1st Mon. (quarterly) @ 7:30pm

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

COLORADO

Colorado Springs

Doris (719) 488-9738

CONNECTICUT

S. New England -

Earl (203) 329-8365 or

Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @ 1pm

Helen (561) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

GEORGIA

Atlanta

Wallie & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or

Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839

Pat (219) 489-9987

IOWA

Des Moines - 2nd Sat. (MO) @ 11:30am

Lunch

Betty & Gayle (515) 270-6976

KANSAS

Wichita - Meeting as called

Pat (785) 738-4840

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 367-1838

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Rumbord -

Carolyn (207) 364-8891

Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

MISSOURI

Kansas City - Meeting as called

Pat (785)-738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

Springfield - 4th Sat. (MO) @ 12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY

Sally (609) 927-5343 (Southern)

Nancy (973) 729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (MO) @ 1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

NEW YORK

Westchester, Rockland, etc.

Barbara (914) 761-3627

Upstate/Albany Area

Elaine (518) 399-5749

NORTH CAROLINA

Susan (704) 538-7202

OHIO

Cincinnati

Bob (513) 541-0816 or (513) 541-5272

Cleveland

Bob & Carole (440) 356-4544

OKLAHOMA

Oklahoma City

Dee (405) 942-0531 or

HJ (405) 755-3816

Tulsa

Jim (918) 582-7363

OREGON

Portland

John (503) 297-7719

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5509

Montrose

John (570) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

TENNESSEE

Nashville - Wed. (MO) @ 1pm

Kate (615) 665-1160

TEXAS

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

VERMONT

Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@ 7:30pm

John (250) 721-3219

ONTARIO, CANADA

London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto / N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (450) 537-8187

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FMS ASSOCIATION fax-(972) 2-625-9282

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Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the JANUARY/FEBRUARY Newsletter is DECEMBER 20. Meeting notices MUST be in writing and should be sent no later than two months prior to the meeting.

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Do you have access to e-mail? Send a message to

pjff@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1999 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35, Student \$20 (in U.S. dollars); Foreign: 1 year \$40, Student \$20. (Identification required for student rates.)

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Professional - Includes Newsletter \$125_____

Family - Includes Newsletter \$100_____

Additional Contribution: \$_____

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Philadelphia, Pennsylvania 19104 - 3315

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False Memory Syndrome: Current Perspective

Friday April 7, 1999

Sponsored by New York Medical College

Westchester, New York

Memory and Reality: Return to Reason

Sponsored by the FMS Foundation

Saturday April 8 and Sunday morning April 9

Westchester, New York